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A ward without walls? District Nurses' perceptions of their workload management priorities and job satisfaction.

ABSTRACT

Aim: to explore District Nurses' workload management, job satisfaction and the challenges they face. Background: this paper reports qualitative findings from a qualitative and quantitative study to identify a district nursing perspective on their use of time, the challenges they deal with and their work satisfaction. District nursing is under increasing pressure because of the increasing shift to care in the community, early hospital discharge and changes in demography with an increasing ageing population and people with chronic illnesses. Method: the study took place in one Scottish Health Board and data were collected in February and March 2005. The qualitative approach involved a total of 31 District Nurses and senior managers in focus group discussions or individual interviews. Findings: three main themes were identified. First: the priorities of District Nurses and their views on work unrelated to 'hands on' clinical care. Second: aspects of district nursing considered stressful. Third: District Nurses job satisfaction. Conclusion: District Nurses and managers agree that caring work with patients is the priority for the service and provides job satisfaction. Many nurses feel overwhelmed by their workload and have little control over the admission of patients to their caseload; they are mainly demand led and therefore reactive

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care providers. A culture of long hours has developed as District Nurses struggle to meet the needs of patients. Feeling devalued lowers satisfaction and Agenda for Change (AfC) is perceived as de-valuing the skills of community nurses.

Implications for practice: more clerical support is required so District Nurses can deliver care to patients. District Nurses can better represent their workload and how it is managed through expressing the nature of assessing risk and caring for patients as opposed to defining patients care needs by medical diagnoses. Extending the hours of the full District Nursing service would benefit patients and staff.

INTRODUCTION

This paper presents qualitative evidence from a study of District Nurses' workload management and priorities through a description of the aspects of their work that gives them most satisfaction. It goes on to provide an explanation of why they become stressed and dissatisfied with their work.

Previous literature has highlighted the importance for nurses of the relationship with the patient. However, there is no empirical evidence of the impact of workload on this relationship and job satisfaction which this paper addresses.

BACKGROUND

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District Nurses (DN) in the United Kingdom (UK) provide the majority of nursing care to patients in their own homes (Audit Commission 1999). Policy development in the UK since the 1990s promotes increased health and social care in the community (Department of Health (DH) 2006, Scottish Executive (SE) 2005). As the UK has increasing numbers of older people, more patients with acute and chronic diseases, the focus is for more health care to be managed in the community. In addition, there has been a shift away from DNs providing traditional hands on care, with more personal care now being provided by Local Authority staff with associated tensions for clinical staff which have been highlighted in the literature (Speed and Luker 2004). As McIntosh *et al.* (2000) identify providing a district nursing service which is flexible, cost effective and of good quality is a challenge, but of increasing importance for the future. Nursing in the UK has generally seen an increase in the work force (Thorlby and Maybin 2007) and is still unable to meet demand. In contrast, the number of qualified DNs has reduced in many areas (RCN 2004).

District Nurses have seen an increase in their workload, but a reduction in the number of visits they make to patients (Dinsdale 2002) although Traynor highlighted this as an issue as far back as 1994. Assessing and meeting the more complex health needs of patients requires time. Billingham (2005) argued that District Nursing has not evolved as rapidly or proactively as it

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should to meet the changes in the populations' health or to take advantage of technological advances in health care.

An examination of DN workload management is therefore topical given current concerns about increasing demands on a diminishing workforce and the impact this has on patient care. In addition, the far reaching changes from the Scottish Executive in the redesign of community nursing in Scotland (SE 2006) and the changes to services in England and Wales (DH 2006) indicate the need to articulate the work of District Nurses amidst this time of proposed change in community nursing. Although there is literature from ethnographic studies (Speed and Luker 2004; Kennedy 2004) highlighting the satisfaction that community nurses gain from 'knowing' their patient, which is associated with hands on care giving, there is little literature which has explored how community nurses manage their time, given the increased pressures and expectations that they now experience. Kennedy (2004) examined assessment in DN practice while Speed and Luker (2004) explored the relationship district nurses had with patients during a time of change. However, neither specifically explored how workload and job satisfaction impact on nurses' 'knowing' of patients.

METHOD

Literature Review Strategy

Systematic searches of the databases Medline, CINAHL and the Social Sciences Citation Index, using the terms time and nursing, satisfaction and

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nursing as well as district nursing and community nursing were undertaken. Terms of workloads and priorities were also searched in association with district and community nursing. The searches were limited to 1990 onwards and publications in English. Subsequent manual searches were conducted of reference lists of papers to identify additional literature. The majority of studies exploring time and workload issues relevant to nursing were hospital based with relatively few studies of community nursing. Similarly, there is a paucity of international research studies on workload and job satisfaction examining community nursing.

The Aim Of The Study

To explore District Nurses' workload management, job satisfaction and the challenges they face.

The specific research questions for this exploratory study were:

- How do District Nurses prioritise their work?
- How do District Nurses manage their workloads and time?
- How do District Nurses perceive work that does not involve 'hands on' clinical care giving?
- How do District Nurses derive job satisfaction/dissatisfaction?

Study Design

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This paper reports the findings from a qualitative **interpretative** study. The study was conducted within one Scottish Health Board and data were collected between February and March 2005 through eight focus groups and eight individual face to face interviews – see Table 1.

Table 1: participants involved in focus groups and interviews.

Approach	Work role	N
Face to face interviews x8	Director of Nursing (Primary Care)	1
	General Manager (Primary Care)	2
	Clinical Nurse Manager (district nursing)	2
	Individual nurses,	

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	(unable to participate in focus group)	3
Focus group		
x7	District Nurses*	20
X1	Lead district nurses	3
	Total participants	31
*Average length of time worked within the area was 9.6 years, (SD 7.1 years). The maximum length was 28 years.		

District nursing services within the Health Board were organised in seven Local Health Care Co-operatives (LHCCs) at the time of the data collection. LHCCs are semi self-directed operational units within a Primary Care Trust or Division, responsible for managing and developing integrated services in a defined geographical area. As of April 1 2005, they are now either a Community Health Partnership or a Local Health Partnership. The research was conducted by an experienced qualitative research assistant (RA) under the supervision of the principal investigator (PI) and a project steering group.

Ethical considerations

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The study was submitted to the Local Research Ethics Committee who were content for the study to proceed. The study was conducted in accordance with research governance guidelines.

Recruitment of participants

Focus Groups were organised in five LHCCs in the Health Board area, two of the LHCCs decided not to participate due to staffing difficulties. The five LHCCs provide a diverse mixture of urban, semi-urban and rural locations. Access to staff was negotiated through the Director of Nursing and the lead District Nurse from each LHCC. Each LHCC has a designated lead nurse for each nursing discipline. The DNs in the five LHCCs were given by their lead nurse, a letter of invitation to a focus group with an information sheet explaining the study. The DNs were asked to contact the RA if they were willing to be involved in a focus group or wished further information about the study.

Data collection

Data collection tools were designed by the PI using evidence from the literature review and clinical knowledge of the field, **see Tables 2 and 3**. The steering group gave comments on the face validity of the tools.

Focus Groups

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Recruitment for the focus groups was based on convenience sampling with nurses volunteering to participate. Seven focus group discussions involved between three and seven DNs and one focus group involved three lead nurses. The focus groups were conducted during lunch time at a venue that was accessible to all participants and regularly used for staff locality meetings. A sandwich lunch was provided. We hoped to maximise attendance and get as representative group as possible in what the researchers anticipated would be a time pressured group. The focus groups were facilitated by the RA, who obtained consent and tape recorded the interviews which lasted approximately one hour. See Table 2 for focus group guide. Focus groups enabled the nurses to explore and challenge assumptions about workload and satisfactions in a safe environment. Verbatim transcription took place after the focus groups and participants' names were omitted to ensure confidentiality.

Table 2: Topic Guide for Focus Groups

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Introduction

Background

1. What do you see as being the highest and lowest priorities in your work?
2. What gives you the greatest amount of Job Satisfaction?
3. How do you manage your workload? On what do you base time management decisions?
4. How does your workload influence your Job Satisfaction?
5. Does 'managing' your workloads ever interfere on specific aspects of your job or job satisfaction?
6. What aspects of your work do you find the most stressful? How do you manage this?
7. Do you think workload would be less correlated to Job Satisfaction if wages/salary were higher?
8. How do issues of time – tasks, prioritization etc sit with the underlying philosophies of nursing which stress individuality and holism?
9. How do you view work that is unrelated to clinical care?
10. How well do you deal with recent or current government policy initiatives? How are you supported through these changes?
11. What are the biggest demands on District Nurses at present from both a policy and practice point of view?
12. What is the average grade mix of teams currently in District Nursing and what do you feel is the ideal mix to manage workloads efficiently?
13. What are the biggest challenges facing District Nurses currently?

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Interviews

Analysis of the focus group data identified issues for further exploration with the five key informants who were identified by the steering group. Additionally three face to face interviews were conducted with district nurses unable to attend a focus group. The five key informants were most able by their work role to provide an in depth exploration of the pertinent issues arising from the focus group data. The work commitments of these individuals required an individual approach for data collection. Key informants were sent a letter of invitation with an information sheet. All interviews were held in the participants' own offices and lasted approximately one hour. Written consent was obtained prior to tape recording the interviews. See Table 3 for interview guide. Data were transcribed following the interviews.

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Table 3 Interview Guide for Senior Nurses and Managers

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Introduction

Background

Questions

1. What do you think District Nurses see as being their highest and lowest priorities in their work?
2. What would you perceive gives District Nurses their greatest amount of Job Satisfaction?
3. How well do you think District Nurses manage their workload?
4. How greatly would you expect the workload of a District Nurse would influence their Job Satisfaction?
5. Do you think workload be less correlated to Job Satisfaction if wages/salary were higher?
6. From your experience, how do you feel District Nurses view work that is unrelated to clinical care?
7. How well do you feel District Nurses deal with recent or current government policy initiatives? How do you support District Nurses through these changes?
8. What are the biggest demands on District Nurses at present from both a policy and practice point of view?
9. What is the average grade mix of teams currently in District Nursing and what do you feel is the ideal mix to manage workloads efficiently?
10. What are the biggest challenges facing District Nurses currently?

Data analysis

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The process began with several close, independent readings by the RA and PI of the focus group and interview transcripts. A general inductive approach was employed to allow dominant and significant themes to emerge (Thomas 2004). Key concepts and themes were identified and other significant emerging concepts noted. The researchers independently identified text segments containing meaning and assigned them to the appropriate relevant categories before agreeing on core themes. The researchers and steering group then came together and debated the importance of different concepts and themes.

Rigour

In undertaking the research, rigour was ensured by developing a "Systematic and self conscious research design, data collection, interpretation, and communication." (Mays and Pope 1995:109). Rigour in qualitative research is also an explicit reflection on the role of the researcher. The PI is a District Nurse and the RA is not a nurse but had previous experience of undertaking focus groups and interviews. Her insights into the data and questioning of 'assumed district nursing knowledge' have been invaluable. The PI at times found it difficult to step back from the data and hear the stories being told. During the data analysis phase there were important and valuable debates between the PI and RA as to the meaning of the data and its relevance. What follows is a synthesis of the findings and is a result of this analytical debate between the outsider looking in and the insider trying to look out.

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RESEARCH FINDINGS

The focus group and interview participants discussed their experiences as District Nurses or their perspective of district nursing respectively. Participants provided extensive information regarding perceptions of current workload management and job satisfaction from which the following three core themes emerged through the process of data analysis and largely reflect the original questions of the study:

- Theme 1: District Nurses' workload priorities and their views on work unrelated to 'hands on' clinical care
- Theme 2: The aspects of District Nursing considered stressful
- Theme 3: District Nurses job satisfaction and the impact of workload

The findings and discussion are presented in relation to these three main themes.

Key to data codes

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Qualitative data from the different focus groups is indicated by the letter F and a number (F1-8). An interview with a manager is indicated by M and a number (M1-5). Data from a lead nurse interview is indicated by an L and a number (L1) and District Nurse (DN1 or 2).

Theme 1: District Nurses' management of their workload, their priorities and their view on work unrelated to 'hands on' clinical care

There is little variation and considerable routinisation in the approach of District Nurses to managing their day-to-day workload. Typically, the day's visits would be prioritised by the nurses at the start of each day based on knowledge of clinical need. Other considerations given to prioritising and planning the work are the geographical location of patients, the skill mix or experience of staff, weather and road conditions. Administration work is consistently completed towards the end of the day.

What are the District Nurses' high priorities?

There is consensus amongst District Nurses and managers that direct patient care is the highest priority for all district nursing staff:

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'If it is a direct choice between going out seeing a patient at that moment who needs something and teaching or researching or auditing, then the patient always comes first, but we do have a broad enough vision, I think to see that the rest of it all impinges on patients and clinical care in the long term'. (F-5)

Whilst District Nurses understand and accept that care away from the patient is important for the quality of patient care, it is not seen as the priority or of immediate relevance for caring actions.

District Nurses prioritise care deciding who receives care and when. It is clear that District Nurses often articulate their care in a very task orientated manner as opposed to a holistic appraisal of patient need when expressing how they prioritise patient care. For example referring to the patients care needs as the 'diabetic', the 'continence assessment' or the 'leg ulcer.'

'Someone that who's on an annual continence review, that's not going to be a priority, if you've got someone that's really needing [you], you know, we can work things round that'. (F-5)

What are the District Nurses' low priorities?

The lowest priority for District Nurses is work that relates to administration and this includes paperwork, computer work, reading emails or attending

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meetings, making telephone calls and ordering equipment. Meeting the physical needs of patients is more pressing, but paperwork can be postponed and is often completed at the end of the day or in personal time.

'I never used to leave my desk till I was satisfied that the day's work had been done, paperwork and all which I hated. But now it's simply getting impossible to do, and that leaves me frustrated because I don't feel satisfied at the end of the day'. (F-2)

There is overwhelming exasperation with the amount of administration work and the number of different computer based tools that Nurses are expected to complete, although most nurses are appreciative of the benefits of computer systems.

Theme Two: The aspects of district Nursing considered stressful

Computer work is perceived as one contributory stress factor in the District Nurses workload management. Other factors include the constant pressure to complete the work within the contracted hours, usually between 8am and 4.30pm. The pressure of time was one of the biggest concerns identified by participants.

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'If we don't write it that day, you're into the next day. The phones go immediately at 8 o'clock. It's all the way through. You go to your patients. They've all got something they want, that they don't do for themselves. You wake up worrying about did you remember to do something for somebody? That's the stress level. It's one that we live with because that's how we've always been, but I don't think it's good'. (F-1)

Stress and difficult workload management tend to relate to excessive work, rather than challenging care situations.

Most District Nurses feel it is expected of them to work more hours as they have to respond to the needs of patients with few other staff taking over the care when they finish their working day and limited evening and night care or 'emergency on call' cover after 4.30pm.

Community nursing can be likened to *a ward without walls*, a care environment which is constantly expanding as it is not as contained by walls or limited bed spaces, unlike the acute setting. The community service has the disadvantage that the nurses cannot limit the number of patients to be cared for safely. The workload is beyond the control of DNs as they have little influence over the system of referral to them and a limited 'out of hours' nursing service for the increasing number of patients and their more complex care.

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Theme three: District Nurses job satisfaction and the impact of workload.

What gives District Nurses job satisfaction?

As with their work priorities, District Nurses obtain most of their job satisfaction from delivering 'hands on care' to patients and from the personal nature of caring, using their clinical knowledge and skills with patients is what DNs consider most rewarding.

'That's where we get our biggest job satisfaction, is patient care, because that's what we came in to nursing for, was to look after people'. (F-1)

The ongoing personal relationship many District Nurses form with patients and/or their families, which can sometimes be across generations is also important for job satisfaction. The District Nurses' positive involvement as part of the community in which they work is also perceived as important for contributing to work satisfaction for some participants.

How does workload influence job dissatisfaction?

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The District Nurses explain that a decreased sense of job satisfaction is often due to a perceived removal from the practical, caring aspects of service provision.

'Nurses are dissatisfied because they're getting further removed from the patient, not on our choice but by the amount of bureaucracy, its just gone completely mad... We're spending more time on paperwork, computers, everything, everything except the patient'. (F-1)

Care needs of patients are increasingly complex, yet, it is not the demands of 'hands on caring' that dissatisfies Nurses, but the increasing requirements to document and provide audit trails of their work that frustrates staff. This nurse describes how she is rushing, and feels she is not able to respond to the patient's cues.

'If you're with somebody, in their home, and you've just got this kind of thing that you must get on all the time, and somebody's actually wanting to tell you something' (F-4)

Many District Nurses feel that the increased workload places overwhelming time pressures on them and that this adversely affects the quality of the care they give to patients, making them feel guilty, stressed and dissatisfied.

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Policy impact on job satisfaction

Many District Nurses associated dissatisfaction with their own work with the volume of changes within the Health Service. Policies impacting on practice within nursing and Social Work have major implications for District Nurses. Many were unconvinced of the collective benefit of many of the policy changes.

"I almost feel like we're a dumping ground sometimes for everybody's legislation. Just give it to the District Nurses." (F-1)

The policy and associated practice of joint assessment between care assessors was criticised. The expectation is that regardless of which assessor undertakes the assessment, the information is shared with the other health and social care professionals providing the patient has consented. District Nurses feel they are undertaking and recording more than their fair share of assessments.

"I've had two instances where I've actually been asked by a GP to go out, to assess, to Carenap [the Single Shared Assessment tool used in the area] someone and I've actually discovered that social work have been in, but when I've actually looked them up [the patient] on e-assess [the computer system], there is no record of these patients, and you sort of think, wait a minute..... For every new patient we get referred, we have to do a full

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Carenap on them, regardless of what it is, and yet social work seem to be working to a completely different set of rules." (F-6)

The District Nurses are discontented about the impact the lack of paperwork or computer entries from other care agencies has on their own workload.

A number of participants expressed disappointment at lower pay banding, in respect to previously comparable hospital charge nurses, under the national Agenda for Change (AfC) which is revising salaries in relation to work responsibilities for many staff working in the NHS in the UK. The District Nurses feel devalued because their work is considered less complex because they work in community.

Many District Nurses are unhappy with policy changes which have changed the essence of their role with an emphasis away from patients and more focused on leadership and management. Reaction to the changing role is varied and includes District Nurses feeling disappointed and frustrated. The changing role of the District Nurses is of concern to many participants who feel that the all encompassing 'jack of all trades' element of the role, though formerly one of its most important features, is placing the profession in danger of work overload as they take on patients whose needs are not met by other agencies.

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'Here I am plodding along, trying to be jack of all trades it would be nice to be able to channel your ideas into one area, but we just don't have time to do it'.
(F-2)

District Nurses perceive that no other agency will attempt to meet the unmet needs of vulnerable members of society and therefore take on work so patients do not suffer even if it does not meet the referral criteria for the District Nursing service. District Nurses recognise that this adds to their workload and draws them away from the core aspects of their role, but they will not see patients suffer as a result of lack of capacity or lack of availability of health and social care services.

District Nurses are also aware of the impact on them of the increased specialist services available within community and feel increasingly vulnerable as generalists. Some District Nurses also explain that they feel their own role would be more easily defined if they developed more specialist functions and that this could increase their own job satisfaction.

LIMITATIONS OF THE STUDY.

The limitations of focus groups as a research method are well recognised (Morgan 1997), in particular the fact that the researcher directs the group and the risk that the group dynamics influence which participants contribute and what they contribute. District Nurses who felt overwhelmed by the demands of the job might have participated as a means of venting their frustrations in the

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hope that sharing their experiences would influence the system in some way, however others may not have attended because of the demands of their work. It is not possible to determine whether knowing that the PI was a District Nurse, known to some of the participants, had any effect on the responses of study participants. Similarly, recruitment was via the lead district nurse in each LHCC, so again it is not possible to know what effect this had, positive or negative, on both recruitment and responses to the discussions. The research is based within one health board in Scotland and whilst there may be similarities with other parts of the UK this cannot be assumed.

DISCUSSION

Community Nursing is of central importance for the implementation of health policy developments within the United Kingdom (DH 2006, SE 2005). The role of the DN is clearly an important element of future community focused healthcare and issues surrounding workload management and job satisfaction need to be addressed to ensure the workforce is able to meet increased demand in the future. In light of the proposed changes in Scotland with the Scottish Executive 2006:19 stating that the 'new Community Health Nursing discipline will build on the strengths of nursing in the community', it is important that not only the strengths of nursing are built on, but also aspects of work that the nurses enjoy.

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The District Nurses in this study have confirmed the centrality of 'hands on' direct patient care which has been highlighted in previous literature (Speed and Luker 2004) as being the most rewarding aspect of their work. However, it is essential to address the invisibility of much of their work and the potential for inequity and idiosyncratic practice and the culture of individuality that currently exist because DNs are unwilling to challenge their colleagues different approaches to their work (Griffiths and Luker 1997, Speed and Luker 1994). The primacy of caring for patients as the fundamental aspect of district nursing work is held by both DNs and their managers which challenges Traynor's (1994) findings of the 'them and us' distinction between district nurses and their managers in the 1990's. The nurses perceive 'hands on' caring as their workload priority reflecting Speed and Luker's (2004) description that the 'knowing' of a patient was at the heart of the work of the district nurse. Increasing workload is perceived as having a negative impact on the relationship between nurses and patients and the 'knowing' of them and their families.

The nurses in this study feel that workload is affecting their holistic assessment of patients and their knowing of the patients and that this is adversely affecting the quality of their care, although Griffiths and Luker (1997) challenge the claim that nurses provide patient centred care, suggesting that in reality much of the care they provide is nurse centred. District Nurses do their best to limit the adverse impact of workload on

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patients by their decisions to prioritise 'hands on' patient care to the detriment of non clinical care. However, Traynor (1994:105) suggested that, from a manager's perspective, nurses either 'run round like headless chickens' or try to unconsciously ration services by priority setting. He argues that both strategies are ineffective in developing more effective working or reducing stress, because neither enable practitioners who "can articulate his or her rationales for activity, objectives, outcomes as well as unmet need, a professional able to 'sit down and plan and think' how best to achieve the objectives" Traynor (1994:105).

The District Nurses in this study describe their reactive approach to workload management and some of this they account for as a result of their limited capacity to constrain the size of their caseload. Arguably this may in part be related to poor role clarification and ambiguous referral criteria. It may however be due to nurses not wishing to 'rock the boat' and say no to people (Goodman 2001). As a consequence of 'juggling' the workload and time, sometimes with inadequate staffing, DNs rarely feel 'on top' of their work enough to be able to proactively manage their caseload. Attempts to develop referral criteria help to clarify some aspects of the District Nurses role (Sylvester 2002), but this is a limited approach given the complexity of care.

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In order to form a secure identity which will assist DNs in implementing policy changes it is essential to have work role clarification. Low and Hesketh (2002) and McKenna and Keeney (2004) have noted the lack of clarity about the role of district nursing. The situation is compounded by local variations in community care service provision which have left some health and social workers, patients and carers confused (Wilson *et al.* 2002) about service eligibility.

District Nurses have been described as the 'invisible workforce' based on the lack of recognition DNs felt they received for their expertise (Low and Hesketh 2002). The paradox for DNs is, that on one hand they are a service that is valued by patients and, on the other, a disenfranchised, overworked and undervalued group of staff (Bennett and Robinson 2005). AfCis identified in this study as a prime example of the devaluing of District Nurses. Participants feel the changes to the pay band scale cause them to again be victims as a consequence of the 'invisibility' of their work undertaken in peoples' homes which appears to devalue their role in healthcare - 'The home as a health care setting is the least described and most hidden part of the NHS' (Billingham 2005:3). Arguably, one of the outcomes of quality nursing is that if it is carried out effectively it is not noticeable, thus the value of nursing is often not recognisable (Goodman 2001).

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Many District Nurses battle with time and work more hours than they are contracted to meet the demands of their work. A culture of 'long hours' is evident within the nursing profession—not unlike other professional groups (CIPD 2001; Hogarth *et al.* 2000). The conflict between workload and contracted work hours causes District Nurses to utilise other areas of time, particularly their lunch break. However, this potentially has undesirable effects on both patients and the workforce. The quality of decision-making can be adversely affected as a result of not taking time to have a break. Additionally, lack of relaxation time does not allow the nurses to cope with stress.

Implications for practice

The study findings are congruent with the findings of McVicar (2003:638) suggesting that 'the most obvious means of reducing the workload of practitioners is to ensure staffing levels are adequate, including administrative staff who could reduce the paperwork burden on nurses'.

The district nursing workforce needs to evaluate its 'long hours' culture and the negative and positive aspects of this for nurses and their patients within the organisation of the health service. Several issues can be seen to increase workload problems, for example, the current limited 'out of hour' service which should be expanded to provide full cover beyond 4.30pm to reflect policy developments for more healthcare in the community. This would

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then enable staff to share the work with colleagues working later in the day and night. Enough staff needs to be employed to ensure protected time for the development of enhanced nursing skills for nurses working in the community.

It is significant that many District Nurses express their nursing care of patients and the prioritisation and routinisation of their work in terms of medical diagnoses. Despite claims of knowing the patient and the holistic nature of District Nursing care in practice, many nurses still articulate their work in diagnostic and task orientated ways. This pragmatic way of expressing work prioritisation does not do justice to the complex, relationship based, holistic assessment and evaluation of patients when planning workload management. Whilst District Nurses continue to express patient care management as the 'leg ulcer' and the 'diabetic' other nurses and managers are less able to appreciate or value the complex nature of the District Nurse's assessment and holistic care delivery. District Nurses need to convey to their managers and the wider community the complex, holistic caring roles they undertake at different visits (Kennedy 2002) which is demonstrably patient centred rather than nurse or organisation centred. Through expressing the nature of assessing risk and caring for patients as opposed to defining patients care needs by different medical diagnoses, District Nurses can better represent their workload and how it is managed. This has implications for the ongoing

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education of community nurses who need to be able to tease out and articulate the complexity of the assessment and care they give.

Increased work load with its associated loss of caring and the 'knowing' of patients leads to disenchantment of the workforce which has implications for the retention of nurses and potentially adversely affects recruitment at a time when the balance of care is shifting into primary care.

CONCLUSION

District Nurses and their managers emphasise that patient care is the highest priority for all staff and is what gives District Nurses the most job satisfaction. In contrast, administration related work is the least rewarding and the District Nurses' lowest priority for their workload management. District Nurses however, need to better articulate the complexity of holistic caring to clarify the contribution of District Nurses to healthcare. Recent policy changes for increased patient care in the community, the abundance of administration and the often unpredictable nature of the job leave many District Nurses struggling to manage their work load within their contracted hours. Lack of time to deliver holistic care, is a major source of job dissatisfaction and providing good quality care is a challenge in the current climate and researchers have challenged nurses' claims to be providing holistic care (Griffiths and Luker 1994,1997). Many District Nurses feel that it is the patients who suffer as a

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result of excessive workloads and that quality of direct patient care can be compromised.

Recent organisational changes, coupled with workload pressures and lack of time to spend with patients to provide quality care have contributed to nurses leaving their profession (Andrews 2003). However, despite the frustration and concern regarding the work pressures many District Nurses, emphasise that working with patients in the community is a rewarding experience.

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